## Michigan Department of Labor & Economic Growth

LIQUOR CONTROL COMMISSION

7150 Harris Drive, P.O. Box 30005 - Lansing, Michigan 48909-7505

## REPORT OF CORPORATE OFFICERS, BOARD OF DIRECTORS & STOCKHOLDERS

<u>Important</u>: Under Michigan Law (MCL 436.1501(2)), a license or an interest in a license shall not be transferred from one person to another without prior consent of the Commission.

Instructions: This report is part of the license application and must be completed by an officer of the corporation who is authorized to sign and execute documents.

PUBLIC CORPORATIONS: Complete sections 1-5 and 7-9 and sign the AFFIDAVIT on page 2 of this form. PRIVATELY HELD CORPORATIONS: Complete sections 1-9 and sign the AFFIDAVIT on page 2 of this form.

2. Type of license	3. State in which Artic	3. State in which Articles of Incorporation filed		
Date authorized to do business in Michigan or d Articles of Incorporation filed with Michigan Corporation Division	late 5. Check type of corporate pan Privately held (n	5. Check type of corporation: Privately held (not traded on stock exchange) Public corporation		
This section must be completed by all privately held	corporations			
6. NAME AND ADDRESS OF STOCKHOLDERS	STOCK CERTIFICATE NO.	DATE ISSUED	NO. OF SHARES	
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10				
10.				
11.				
12.		1		

7. CORPORATE OFFICERS	NAME AND ADDRESS		
President			
Vice President			
Secretary			
Treasurer			
Asst. Secretary			
A DOADD OF DIDECTORS	NAME AND ADDRESS		
8. BOARD OF DIRECTORS Chairperson	NAME AND ADDRESS		
Vice-Chairperson			
Secretary			
Director			
	APPLICATION AND ANY	S, STOCKHOLDERS AND OTHE Y DOCUMENTS REQUIRED BY	
the commission to act or re-	akes a false or fraudulent stater frain from taking action or for th	36.2003 ment to the commission, orally or in writing the purpose of enabling or assisting a personate manner provided for in Section 909.	g, for the purpose of inducing son to evade the provisions of
		DAVIT	
corporation and that I understand		ttachments is complete, true and take	en from the records of this
Signature:		Print Name:	
Date:		Position:	
		MONTH,	YEAR
Notary Public Signature In and for the County of		n. My commission expires	(DATE)
AUTHORITY: MAC R436.1109 COMPLETION: Mandatory	religion, age, national origin, color	omic Growth will not discriminate against any individual r, marital status, disability or political beliefs. If you need	d help with reading, writing, hearing,
PENALTY: No Certification	etc., under the Americans with Di	isabilities Act, you may make your needs known to this a	gency.